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ABSTRACT

Attitudes toward old age, death, and family as well as various demographic data were examined in five American cultures (Blacks, Cubans, American Indians, Chicanos, and Whites). Analysis of covariance showed that attitude toward death and most demographic variables did not account for differences in attitude toward old age, but that attitude toward family and presence of a husband in the household did have significant effect. (Author)

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ATTITUDES TOWARD OLD AGE IN FIVE CULTURES[1]

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Considerable research has been done on attitudes toward the elderly in general. For the most part, these studies have been concerned with what people think of the elderly in their society and not so much on how they view "old age," particularly related to their own aging. When people have been questioned about their aging, they have usually been the elderly themselves who were asked about their feelings about being old. Too few studies have used pre-geriatric groups, and yet if preventative services are to be offered, the middle years are the most fruitful years for intervention. Bennett and Eckman (1973) have discussed the feedback loop which begins with negative attitudes toward oneself, life in general, and aging. As one grows older, this negativism produces a resistance to services, forms of assistance, and the environment in general. A negative counter-reaction by others toward the aging or aged reinforces the negativism already present in that group, and a snowball effect begins. Data are needed in order to determine which factors might lead to initial negative attitudes.

The present study focused on adult women in several different American subcultures. It might be assumed that women entering middle are are perhaps for the first time facing their own aging. Their childbearing years are ending. Their bodies are beginning to undergo changes associated with older age. Children are beginning to leave home and the empty nest syndrome is approaching. They are facing a personal crisis, yet their reaction to it will depend not only upon

their own specific upbringing and experiences with the elderly in their own families, but also upon the way older women in general have been treated within their subculture.

Although considerable research is available on attitudes toward old age in different cultures, there is less known about minority status in our own society and how this affects women in their views. Since minority status itself often reflects a lack of resources, aging with its own set of personal losses may only be intensified in such a setting. The other possibility is that minority status combined with certain cultural values may in fact provide the necessary cohesion and support which would ease the transition into old age.

In general, reviews of cross-cultural studies (Arnoff, Leon, & Lorge, 1964; Bennett & Eclman, 1973; McTavish, 1971) have concluded that negative attitudes toward the elderly have been more prevalent in societies which value individualism, liberalism, and educational achievement. High levels of industrialization and geographic as well as social mobility seemed to have been negatively correlated with attitudes toward old age. One explanation was that in highly industrialized, Western societies, elderly persons have been given few functions which are of social or economic importance. In short, they have been thought of as burdens, dependents, and deficits rather than strengths, supports, or assets. In pre-industrialized societies with preplanned marriage and/or various traditional, patriarchal or matriarchal customs, the elderly have performed functions which have been vital to the inner workings of the community. Thus, the aged have been respected, admired, and valued.

It is most likely the case that subcultures within the United States retain many of the values of their pre-American heritage. If these groups have brought with them values which emphasize such things as tradition or patriarchal customs and a lifestyle which deemphasizes, for example, social mobility, or educational attainment, it would be helpful to know if they also hold more positive attitudes toward aging and old age than those in the American core culture. Collette-Pratt (1976) found that attitudes toward the concepts of achievement, personal productivity, and independence consistently predicted negative attitudes toward old age. These concepts may be culture-bound as well. When one examines the role of women in Cuban versus Black subcultures, one normally finds personal independence looked down upon in the former and almost mandatory in the latter.

In addition to cultural differences, it is crucial to examine other variables which may account for observed differences. Harlan (1968) suggested that variables such as death of spouse, intra-family conflict, economic situation, and health are better predictors of attitudes toward old age than the societal concepts of industrialization and modernity. Kalish and Johnson (1972) reported that the negative attitudes of middle-aged women toward aging often result from a combination of mother-daughter tensions and the fact that the middle-aged women find themselves caring for the parent generation while at the same time noticing the unwelcomed signs of aging in themselves. Similar associations between intergenerational relations and attitudes of the elderly toward old age and aging were found by Johnson and Bursk (1977). Pruner (1974) indicated

that the affectional and supportive functions of the family were important integrative mechanisms for the elderly in America. Indeed, the value of a supportive environment has often been designated as the major component in successful aging (Butler, 1974; Havighurst, 1968).

Shanas (1968) reported that interlocking patterns of mutual aid within the kin network are present at all levels of social class, but considerably more pronounced in the lower levels. If this "aid" provides the type of support necessary for successful aging, it would be important to examine the relationships between class, familial reciprocity, and attitudes. Do attitudes toward the family predict how aging is accepted? Or, does social class and/or educational level determine both family attitudes and positiveness toward aging? To date, research is already available on the positive effects of education on attitudes toward old age (Thorson & Ackerman, 1975; Thorson, Whatley & Hancock, 1974).

Another concept which is often associated with old age is death. Although Thorson & Ackerman (1975) have shown that attitudes toward death and attitudes toward old age are independent, it is not known whether this independence holds true across various subcultures.

The purpose of this study was to examine the effects of culture, social class, health estimates, education and attitude toward family and death on adult women's attitudes toward Old Age.

METHOD

Women from five subcultures were interviewed regarding their attitudes toward the concept of Old Age. Married women ages 35 through 45 were randomly selected from Black, Cuban, American Indian, Chicano and white subcultures in the Miami area. Home visits were made by Research Social

Workers of the same sex and culture as the group being studied in all but the Indian and Chicano groups. For the latter two groups, the researcher was white but accompanied by a volunteer from the culture being seen.

Attitude toward Old Age was measured by Osgood's (1957) Semantic Differential technique. Twelve items were selected from those that loaded highly on the evaluative factor described by Osgood. Evaluative factor items were included because they reportedly measure an attitude dimension. The following bipolar adjectives were chosen and rated on the typical seven-point scale with a higher score indicating more negative responses: Safe/Dangerous, Happy/Sad, Clean/Dirty, Pleasurable/Painful, Beautiful/Ugly, Wise/Foolish, Healthy/Sick, Right/Wrong, Useful/Useless, Controlled/Accidental, Pleasant/Unpleasant, Relaxed/Tense. Some items were reversed to avoid a response set bias. Items were summed to provide an overall attitude toward Old Age score. The scale was translated into Spanish for the Cuban and Chicano subjects who did not speak English.

Background data were collected from the women which described their early childhood and current status. Such variables as age, whether or not the husband was present in the home, social class as measured by Hollingshead's (1957) two factor index, degree of church affiliation, health status, and urban versus rural environment in childhood were also recorded. The subject's attitudes toward Family and Death were also measured using the same semantic differential technique and items described above.

RESULTS

A total of 304 women were interviewed with about 60 from each of the five groups. Age had been controlled in the sample selection process and did not differ significantly among the groups. Table 1 shows means and

standard deviations of five of the demographic variables which were significantly correlated with the attitudes toward Old Age and therefore

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INSERT TABLE 1 ABOUT HERE

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were subsequently held constant in the analyses related to cultural differences. As can be seen, even though the women were selected similarly and randomly in the five groups, their social class levels differed. Migrant Chicano women were the lowest social class, Indians were next, and then Black, Cuban, and white women followed in that order. The greatest difference was between the white group and the subcultures. About half of all of the groups, except the Indians, had been reared in an urban environment. Almost all of the Indian women (93%) were born and reared on the Seminole reservation which was about 25 miles from the city. The women's estimates of their own health were very similar. There was a trend toward Black women reporting the poorest health and white women the best. About three-fourths of all the groups, except the Indians, had their husbands living in the home with them. About half of the Indians were living with their husbands at the time of the interview. Affiliation with the church was measured in addition to religious preference. All of the white and Black women were Protestant. Cubans were Catholic and the Chicanos were about half Protestant and half Catholic. Almost all of the Indians were Protestant except for a few who practiced the Indian faith. Degree of affiliation with church was measured on a 1-4 scale, ranging from very active to non-active and not affiliated. Blacks and Chicanos reported the most affiliation. Interestingly, Cuban women reported the least.

Predictor Attitudes

Other attitudes which were measured and which were thought to be highly related to attitudes about Old Age were those toward Family and Death. Table 1 also shows the means and standard deviations for these variables. The attitudes toward the Family were all within the very positive range of the scale. The most favorable attitude toward Family was expressed by Cuban women. Migrant Chicano women also had more positive attitudes than the other three groups. On the other hand, attitudes toward Death tended to be in the negative or unfavorable range of the scale. The most negative attitude toward Death was expressed by the Indian women; the most favorable was held by the Blacks.

Attitudes Toward Old Age

Table 1 shows how the groups viewed Old Age. In magnitude of means, their views toward Old Age were more positive than their attitudes toward Death but less favorable than their attitudes toward Family. Again, Indian women expressed the least favorable views about Old Age. The most positive attitudes were held by Migrant Chicano women, although these were also about the same as those of the Cuban women. Table 2 indicates that attitudes toward Old Age differed statistically beyond the .01 level of signi-

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INSERT TABLE 2 ABOUT HERE

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ficance. As can be seen, the F-ratio and level of statistical significance changed only minimally when any of the demographic variables were held constant. Therefore, environment, social class, perceived health and church activity accounted for almost none of the variance in attitudes toward Old Age. The only demographic variable which influenced their views about Old

Age, bringing the level of significance from highly significant (around the .001 level) to just significant ($p < .01$), was whether their husband lived in the home. In summary, then, demographic variables which often differed between the cultures did not explain the cultural views about Old Age. Stopping at this point, one might have been led to conclude that the differences in attitudes about Old Age were really a function of the culture and not the general characteristics of the women. However, attitudes of the women did affect their views of later life.

Although views about Death as a concept differed significantly between the cultural groups, it can be seen that these attitudes about Death did not help to explain the women's views about Old Age. With attitude toward Death held constant, the cultures had significantly different ($p < .006$) attitudes toward Old Age. On the other hand, the women's concept of Family was highly related to their views of Old Age. When ratings of the Family were held constant, the differences in attitudes about Old Age were only of borderline significance ($p < .06$). Thus, how a woman views Family accounts for much of the variance in how she feels about Old Age. If the presence of the husband in the home is also taken into account, the statistically significant difference is $p < .07$, which indicates considerable redundancy between attitude toward Family and the husband being in the home.

The results of the analyses of covariance lead to the conclusion that attitudes about Old Age are not as much a function of culture as an expression of how Family is perceived and/or whether the husband is present in the home.

DISCUSSION

Analyses showed that attitudes toward Old Age among adult women in five subcultures were not significantly different when attitude toward family and presence of husband in the household were held constant. This suggests that something akin to positiveness of intrafamilial relations rather than culture itself is in fact the salient variable in formation of attitudes toward one's own aging and old age in general. When specific items on the Semantic Differential were examined more closely, it was shown that the largest difference between groups had been on how sick, safe, clean, wise, and right Old Age was felt to be. It seems logical that fears of becoming ill (sick/healthy item), or of having an accident (safe/dangerous item), would be more exaggerated when a person is facing old age alone rather than with the comfort of a closely knit extended family.

One question which emerges at this point, however, is whether or not controlling for attitude toward family is, in effect, controlling for culture. For example, the Cuban group, when compared to the other subcultures studied, was shown to have a very positive attitude toward Family and Old Age. In addition, they showed a lower incidence of absent husbands. These characteristics are closely tied to other cultural values and it might be questioned whether Family as a variable can be separated from the entire cultural schema. In other groups, where there seems to be less interdependence among these particular variables, the findings presented here may have a greater significance.

Since attitude toward Old Age and Family were both measured using the semantic differential, it was also questioned whether or not controlling

for attitude toward Family was in effect controlling for a response bias engendered by the use of the semantic differential or the measurement of attitudes per se. This seems to be an unjustified assumption since controlling for attitude toward Death, which was also measured by the same technique, had little influence on the significance level of differences between groups. The presence of a halo effect for attitudes, then, does not seem to be a crucial factor in the interpretation of results.

The fact that controlling for attitude toward Death had little effect upon the differences in attitude toward Old Age is in agreement with other studies which have pointed to the independence of these two concepts (Thorson & Ackerman, 1975). It is curious that even though Death is often recognized as a unique concept, there still seems to be a tendency in gerontological literature to refer to it as merely an extension of Old Age.

A final question which must be asked is why the present data show that little of the variance in attitude toward Old Age is explained by differences in demographic characteristics between the groups. This conclusion is not in agreement with prior studies, specifically those which have compared different cultures. One reason may be that the influence of Miami's technological and industrial advancement could extend beyond, for example, a 25 mile radius, thereby encompassing areas classified in this study as rural. Another explanation may be that the degree of religious affiliation is less accurate or less meaningful a measure than degree of religious feeling or attitude toward religion. Similarly, a three-point, self-report scale of overall health may be less valid or

discriminatory than longer, standardized questionnaires. It is possible, then, that the use of other methods of demographic measurement may have shown these characteristics do indeed influence attitude toward Old Age.

CONCLUSIONS

If minority women's attitudes about aging are indeed influenced by the presence of their husbands in the home and their feelings about Family, it suggests that some substitute for the security and interpersonal warmth which normally accompanies family-type relationships should be found. Compensatory relationships may never actually be effective substitutes for the loss of a significant family member, but some effort at lowering the degree of isolation anticipated by single women in their middle years seems warranted. Perhaps the formation and encouragement of self-help groups for women facing Old Age alone might offer some interpersonal support. Our findings would indicate that there is enough communality in the factor of "aloneness" so that minority status itself would not have to be taken into account in forming such groups, or in working individually with these women. Research needs to be focused on evaluating methods of intervention designed to change negative concepts of aging before the individuals reach Old Age. This study suggests that women with negative feelings about Family, which probably result from disrupted family ties due to loss of spouse from the home, are a high risk group for unsuccessful aging.

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Table 1: Means and Standard Deviations for Five Cultures on Eight Variables

	Dependent Attitude	Predictor Attitude		Predictor Characteristics				
ulture	Old Age	Death	Family	Church	Health	Class	Urban	Husband
(N=79)								
n	37.6	47.0	22.3	2.27	1.14	2.53	0.58	0.78
.	13.6	9.0	10.2	1.06	0.42	1.16	0.50	0.41
(N=60)								
n	36.5	46.2	24.1	2.02	1.57	4.17	0.50	0.73
.	13.7	9.9	10.3	0.89	0.62	0.94	0.51	0.45
(N=75)								
n	34.1	50.5	17.5	2.43	1.45	3.89	0.60	0.77
.	19.5	19.8	8.8	0.68	0.66	1.32	0.49	0.42
n (N=57)								
n	42.9	56.9	24.1	2.14	1.42	4.19	0.07	0.56
.	14.9	15.1	13.2	0.88	0.63	1.08	0.26	0.50
nt (N=73)								
n	33.4	52.3	20.0	2.03	1.48	4.89	0.40	0.68
.	16.9	16.7	8.8	0.73	0.69	0.46	0.49	0.47

Old Age, Death, and Family rated on semantic differential, range 12-84, 12=most positive, 84=most ive. Urban scored 0=Yes, 1=No. Husband scored 0=absent from household, 1=present in household. Health d 1-3, higher worse; social class 1-5, higher lowest; church activity 1-4, higher less.

Table 2: Cultural Differences in Attitude Toward Old Age with and Without Control for Other Variables

Variable	Statistical Significance	
	F-Ratio	P Less Than
Free (No Covariance)	3.52	.007
Demographics controlled		
Urban/Rural living	3.97	.003
Social Class	3.50	.008
Health of subject	3.57	.007
Church activity	3.83	.004
Husband present	3.28	.011
Attitudes		
Feelings toward death	3.59	.006
Feelings toward family	2.32	.057
Combined covariates		
Husband present and feelings toward family simultaneously	2.20	0.69
All 7 variables combined	1.80	.128